

## INSTRUCTIONS FOR APPLYING FOR ORTHODONTIC SPECIALTY LICENSE

Your specialty application must be accompanied by a check in the amount of \$60.00 payable to the Kentucky Board of Dentistry. The completed application and fee must be on file and your case histories and study models must be received in the Board office at least thirty (30) days prior to the examination date or you will not be eligible to take the examination.

The specialty examination is administered at the Kentucky Board of Dentistry, 312 Whittington Pkwy, Suite 101, Louisville, KY 40222. You should report at \_\_\_\_\_. The next examination will be administered on \_\_\_\_\_.

### QUALIFICATION FOR APPLYING FOR SPECIALTY LICENSURE

1. You must possess satisfactory moral and ethical standing in the dental profession.
2. You must be currently licensed to practice dentistry in the Commonwealth of Kentucky.
3. Once you obtain your specialty license, you must limit your practice to that particular specialty.
4. You must submit satisfactory evidence to the Board that you have completed a period of not less than two (2) years study in graduate or postgraduate courses after graduation from an accredited dental school.
5. You must meet the minimum requirements for membership in the respective American specialty organizations recognized by the American Dental Association.

### REQUIREMENTS FOR CASE REPORTS:

Each applicant shall be required to present three (3) cases (of different types according to angles classification) which she/he has treated either in graduate training or in their own practice, showing the dates the cases were started and completed (or progress records), consisting of the following diagnostic material:

1. Study models (before and after treatment)
2. Cephalometric X-rays (before and after treatment with tracings and evaluation)
3. Photographs (1/4 life size, black and white or color prints, before and after treatment)
4. Radiographs - Full mouth periapical films or a Panoramic radiograph (before and after treatment)
5. Complete Case Reports
  - a. Title; case indication by number, name and age
  - b. Diagnosis; the nature and extent of anomalies
  - c. History and general clinical picture
  - d. Etiology; attributed causes
  - e. Plan of treatment: general plan, appliances used, supplemental therapy
  - f. Progress of case; frequency of appointments, response to treatment, complications (if any) length of period necessary to establish normal anatomical and functional relationships
  - g. Case reports shall be typewritten on 8 1/2 x 11 white bond paper; double-spaced and typed on one side only.
  - h. Each case report shall be placed on a square cut filing folder approximately 9 1/2 x 11 1/2 inches. Attach the sheets of each report to the inside of the back cover of the filing folder at the top left, or at both top corners

### WRITTEN EXAMINATION

Examination questions will cover the entire phase of Orthodontics, including prenatal and postnatal growth and development. The questions may consist of various types; comprehensive, essay, true or false or a combination of the types mentioned.

### FOR FURTHER INFORMATION PLEASE CONTACT:

KENTUCKY BOARD OF DENTISTRY  
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LOUISVILLE, KENTUCKY 40222  
(502) 429-7280  
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